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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Albania

Proposed UNFPA assistance: $4.0 million; $2.8 million from regular resources and $1.2 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Second

Category per decision 96/15: Country with economy in transition

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.8	1.2	4.0
Total	2.8	1.2	4.0

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ALBANIA

DEMOGRAPHIC FACTS

Population (000) in 1995	3,441
Population in year 2000 (000)	3,624
Sex ratio (/100 females)	105.0
Per cent urban	37.3
Age distribution (%)	
Ages 0-14	31.4
Youth (15-24)	18.3
Ages 60+	8.3
Percentage of women aged 15-49	52.3
Median age (years)	25.2
Population density (/sq. km.)	120
Annual population growth rate (%)	1.0
Urban	2.2
Rural	0.3
Crude birth rate (/1000)	21.6
Crude death rate (/1000)	5.6
Net migration rate (/1000)	-5.7
Total fertility rate (woman)	2.66
Life expectancy at birth (years)	
Males	70.0
Females	75.8
Both sexes	72.8
GDP per capita (U.S. dollars, 1994)	550

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Albania achieve its reproductive health objectives. UNFPA proposes to fund the programme in the amount of $4 million, of which $2.8 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.2 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed programme would be UNFPA's second programme of assistance in Albania.

2. The proposed programme was developed in full cooperation with the Government of Albania and is based on the recommendations of a programme review and strategy development (PRSD) mission that visited Albania in September/October 1996, as well as the recommendations of the first national population conference, which was held in June 1995. The proposed programme has been designed to complement the programmes and activities of other donor organizations in the country. It would be harmonized with the programmes of UNDP starting in 1997 and with UNICEF starting in 2000.

3. The main objective of the proposed programme is to assist the Government to achieve its national reproductive health goals by the year 2000 -- a reduction in the infant mortality rate to under 25 per 1,000 live births; a decrease in maternal mortality to under 25 per 100,000 live births; an increase in the contraceptive prevalence rate (CPR) to 20 per cent of women of reproductive age; and a reduction in the prevalence and incidence of sexually transmitted diseases (STDs), including HIV/AIDS. Albania is one of the countries recommended for transitional assistance under UNFPA's new approach for resource allocation. Given the high prevalence of abortion, the Fund's assistance would focus on facilitating the transition from a reliance on abortion to regulate fertility to an approach based on the concept of reproductive health. This will include promoting modern contraception and addressing social and cultural constraints to the practice of family planning.

4. In light of the widespread unmet need for reproductive health information and services and the limited resources available, the emphasis in the new programme will be on a holistic approach to reproductive health care. The programme will assist the Government in institutional capacity-building, quality service delivery at the primary health care level, and information, education and communication (IEC) activities in support of reproductive health. Limited support will be provided for gender-sensitive data collection, analysis and dissemination as well as to advocacy activities in direct support of the promotion of reproductive health. Gender concerns will be an integral part of the overall programme of assistance and will be fully integrated into all programme activities.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the

International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Albania is currently in a period of rapid social, economic and political transformation. This transition process, initiated in 1990, has led to social and economic disruption. Albania is the poorest European country, with an estimated per capita gross domestic product (GDP) in 1994 of $550. Mortality rates, although declining, are still the highest in Europe. Infant mortality was 28.3 per 1,000 live births in 1990; maternal mortality was estimated to be 31.8 per 100,000 live births in 1994. In 1990, abortions counted for almost 40 per cent of maternal mortality, but, by 1995, following the 1991 legalization of abortion, maternal mortality had been reduced by 50 per cent. Declining public investment in the health sector during the difficult transition process has resulted in the closing of many village health centres, including maternity clinics, and has slowed the pace in the reduction of mortality rates.

7. For a long time, Albania has enjoyed nearly universal literacy, and both girls and boys have unrestricted access to all educational facilities. During the social unrest of 1989-1990, numerous schools were demolished as symbols of the state. Enrolment rates then declined dramatically, particularly in secondary education, affecting boys more than girls. While girls have generally enjoyed equal educational opportunities, the socio-political and economic changes of the transition period have resulted in a marked widening of the gender gap in other areas. Women suffer from diminished political and economic opportunities and, at the same time, play a reduced role in community decision-making. Men seem to have more ready access to jobs than women; the sudden drop in access to public child-care facilities and the consequent greater burdens of child care and unemployment have affected women more than men.

8. The total fertility rate has dropped dramatically over the last three decades, from 6.9 children per woman in 1960 to 2.7 in 1994, despite the pro-natalist approach of past governments. The remarkable fertility decline is attributed to the gradual transition of Albania from an agrarian to a more industrialized society, as well as to the high levels of female literacy and of female employment in the formal sector. The legalization of abortion in 1991 has further contributed to the decline in fertility. Although the use of modern family planning methods was legalized in 1992, the contraceptive prevalence rate was officially estimated to be only 8.3 per cent in 1994. The low fertility level in combination with a very low contraceptive prevalence rate indicate that abortions are still being used as a means to regulate fertility.

Previous UNFPA assistance

9. UNFPA has been cooperating with the Government of Albania since 1983. Prior to the approval of UNFPA's first country programme in 1991, Albania received $1.5 million during the period 1983-1990 on a project-by-project basis covering maternal and child health and family planning (MCH/FP) and data collection. The first country programme (1991-1995), which was extended by one year, was approved in 1989 before the country's political changes took place.

10 Lessons learned from the previous programme indicate that current conditions in Albania require a more flexible approach that can accommodate possible changes in the programme environment. In the area of reproductive health, including family planning and sexual health, the medical orientation of the previous programme was primarily aimed at the training of medical personnel in all aspects of MCH/FP. The perspective of clients, however, was not a major component of the training. Most clinics were not considered "client-friendly", and the medically-oriented approach to family planning often ignored sociocultural aspects, such as gender relations and client satisfaction.

11. IEC activities in support of reproductive health were absent in the past. As a result, there is an enormous lack of information among the general public regarding the different aspects of reproductive health, including family planning. Misconceptions and prejudice regarding family planning methods are very persistent in Albania, thereby hampering the promotion of contraceptive use. The urban population profited more from the previous programme and the family planning services offered than did the rural population, despite the fact that about 60 per cent of the population live in rural areas, and the previous programme neglected men so that family planning is still seen as a women's issue. There has, however, been a dynamic growth in the number of non-governmental organizations (NGOs) involved in reproductive health activities, and this augurs well for future activities. A number of NGOs have the ability to complement government activities, particularly in reaching out to special target groups such as adolescents and men.

Other external assistance

12. UNFPA is the main donor in the area of reproductive health. The Fund's presence in Albania has been greatly advanced by the establishment of a UNFPA office in January 1996 and the subsequent appointment of a UNFPA Representative. The main multilateral donors in the field of health are UNICEF and the World Bank, and the European Union is also active in this area. The World Health Organization (WHO) has played a prominent role in assisting the Albanian Government in coordinating international health assistance and mobilizing resources to meet priority needs.

13. The United States Agency for International Development (USAID) and the German Kreditanstalt für Wiederaufbau (KfW) are the main bilateral donor agencies involved in reproductive

health programmes in Albania. USAID is currently funding a women's reproductive health project aimed at training public-sector health personnel, private health-care providers and pharmacists in offering family planning services to women and their husbands. KfW has provided funding for the upgrading, renovation and supply of basic equipment to 60 maternal- and child-care clinics. Further support is provided for the social marketing of contraceptives.

14. A number of major donors are involved in rehabilitating and upgrading health facilities, supplying equipment, providing long-term training and supporting social marketing. Very few, however, have been able to create awareness of modern contraceptives among women of reproductive age and youth in general. UNFPA is the only donor in the country focused on a holistic approach to reproductive health. Therefore, the core of the proposed programme is to complement other donors' support to primary health care by fostering the integration of a comprehensive reproductive health approach.

Proposed programme

15. Given the high number of abortions in Albania, in combination with the low use of contraceptives, the main purpose of the proposed programme is to facilitate the transition from a reliance on abortion as a means of fertility regulation to an approach based on the concept of reproductive health. More specifically, the programme's first objective will be to increase knowledge and awareness about reproductive health among specific audiences. Secondly, the quality of reproductive health care services at the primary health care level will be improved and the range of services expanded. Third, the programme will strengthen the capacity of the reproductive health sector within the Ministry of Health and Environment and the National AIDS Control Programme. And finally, it will mobilize public opinion in support of reproductive health and rights.

16. In order to achieve the first objective, IEC activities addressing social factors, attitudes and skills are crucial to enable couples to understand their choices in planning their families and thus reduce the need to resort to abortion. The proposed programme will assist the Government in developing a national IEC plan of action. In order to develop and implement such a plan, a national IEC technical working group would be established with members representing both the governmental and non-governmental sectors.

17. In order to improve the quality of reproductive health services within the primary health care system, assistance will be provided to gradually introduce essential reproductive health components into all 11 regional family planning centres, 28 family planning centres in maternity hospitals, 137 women's consultation centres and the approximate 2,000 health posts. Given the lack of services in the rural parts of the country, priority will be given to those areas. An incremental approach will be followed that focuses first on the gradual integration of services related to reproductive tract infections (RTIs), STDs and HIV infection, the management of unsafe abortions and post-abortion

counselling in all existing family planning centres. At the same time, the programme will pay special attention to the reproductive health needs of youth and adolescents, primarily through training health providers in adolescent sexuality and reproductive health needs and through supporting the activities of NGOs in this area.

18. The training of primary health care service providers at the training centres established during the previous programme cycle will be an important element of the proposed programme. Training in technical skills and IEC will focus on family planning and sexual health (including the prevention of STDs, including HIV/AIDS), interpersonal communication and counseling of clients, adolescent sexuality, gender concerns, and the role and responsibilities of men in family life. In addition to ensuring the availability of essential high-quality contraceptives at primary health-care facilities, the programme will support the provision of basic medical and laboratory equipment and the development of an effective logistic system. The improvement of the logistic management system may be sub-contracted to the private sector.

19. In order to strengthen institutional capacity, the proposed programme will assist efforts at the central level to improve planning, management and coordination of reproductive health activities as well as to undertake relevant research. In particular, the programme intends to strengthen the capacity of the reproductive health sector within the Ministry of Health and Environment and the National AIDS Control Programme. To accomplish this, it is crucial to establish a reliable, relevant and adequate database on reproductive health, and the proposed programme will provide support in this area.

20. Taking into account the importance of developing a national policy on population and development, as recommended by the first national conference on population in June 1995 and the PRSD mission, UNFPA intends to provide limited support for the development of a reproductive health policy, as part of a national population and development policy and a national plan of action. For that purpose, the programme will also provide some support, mainly in the form of technical assistance, to the National Commission on Population, which has been mandated by the Government to formulate a national policy.

21. In its support of advocacy efforts, the programme will assist the Government in its efforts to inform citizens and mobilize public opinion in support of reproductive and sexual health and rights. This will include involving the Albanian mass media (television, national and regional radio and print media) to encourage the promotion of national population policies. UNFPA will allocate some programme resources to develop briefing kits for journalists and broadcasters and to organize regular seminars for media specialists to discuss various population issues. Considering the resources available, the Fund will support NGOs, in particular women's NGOs, in their advocacy efforts in favour of reproductive health and rights and the empowerment of women.

Implementation, monitoring, evaluation and coordination

22. The Government of Albania will be responsible for the overall implementation of the programme through its Department of Economic Development and Aid Coordination in the Prime Minister's Office. The Ministry of Health and Environment will be the main implementing agency for the reproductive health programme. In close cooperation with the Government, some NGOs will be selected for the implementation of a number of programme activities, based on their proven abilities and experiences in project implementation. The implementing agencies will be responsible for internal monitoring of their respective programme activities following the relevant UNFPA guidelines. To assess overall programme progress, a mid-term review and regular tripartite reviews will take place.

23. WHO will be requested to execute elements of the reproductive health programme in close collaboration and coordination with UNFPA. Emphasis would be placed on long-term counterpart training. Technical assistance will be provided through the Country Support Team (CST) located in Amman, Jordan, and the regional specialists at WHO. In view of the limited operational capacity at the local office, UNFPA will continue to optimize programme efficiency through the coordination of activities with other United Nations agencies and within the context of the United Nations Resident Coordinator system.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme for Albania as presented, in the amount of $4.0 million over the period 1997-2000, $2.8 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available. The balance of $1.2 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.